

| POSITION                         | INITIALS   | ID NO.  | DATE    |
|----------------------------------|------------|---------|---------|
| <b>FEE DETERMINATION</b>         | <i>May</i> |         | 4/26/08 |
| <b>O.I.P.E. CLASSIFIER</b>       |            |         | 5/1/08  |
| <b>FORMALITY REVIEW</b>          |            | 71090 X |         |
| <b>RESPONSE FORMALITY REVIEW</b> |            |         | 4/28/08 |
|                                  |            |         |         |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

| Claim    | Date   |
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| Final    | 10 12 4  |
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*BEST AVAILABLE COPY*

If more than 150 claims or 10 actions  
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